

2-D 3-D X-RAY REFERRAL FORM

REFERRING DENTIST DETAILS

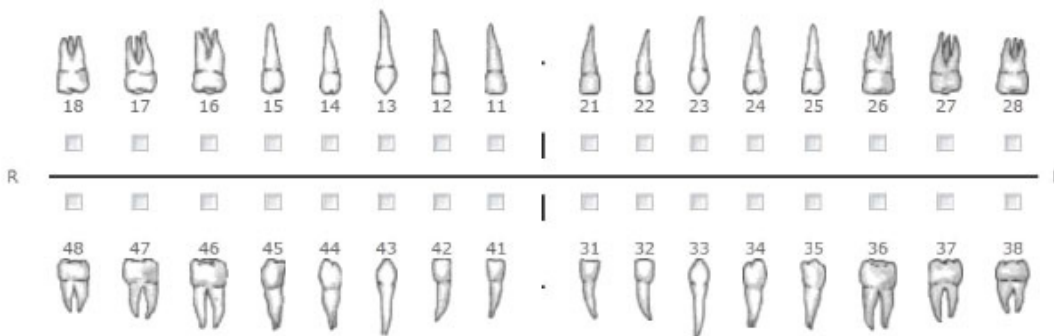
Name: _____
 Practice Name: _____
 Practice Address: _____

 Phone: _____
 Email: _____

PATIENT DETAILS

Appointment Date: ____/____/____
 Time: _____
 Forename: _____
 Surname: _____
 Date of Birth: ____/____/____
 Phone: _____

Mandible Maxilla Both Jaws



2D IMAGE OPG

Digital Panoramic
 Sent via email

3D IMAGE CT SCAN

Full Arch
 Sectional
 Sent via post (CD with viewer)

(If no teeth are selected the whole jaw will be scanned)

Is the patient coming with a radiographic template? Yes No
 Is the patient possibly pregnant? Yes No

CLINICAL INDICATIONS (mandatory)

JUSTIFICATION FOR X-RAY EXTRAS

Implants Bone Graft
 Impacted Teeth Endodontics
 Sinus Exam TMJ
 Oral Pathology Other

PAYMENT

Dentist
 Patient

SIGNATURE

GENERAL DIRECTIONS

Rose Lane Dental Practice is located off Allerton Road, adjacent to Mossley Hill Train Station. There is a bus stop directly outside the front entrance to the practice and parking is available on the roadside or in the car park at the rear of the surgery. Please visit our website for more information.

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